

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Docket No: Q56325

Dirk OOMS, et al.

Appln. No.: 09/422,347

Group Art Unit: 2662

Confirmation No.: 5427

Examiner: Dmitry LEVITAN

Filed: October 21, 1999

For:

DEVICE AND METHOD TO COMPRESS DESTINATION ADDRESSES OF A

MULTICAST MESSAGE

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §§ 1.97 and 1.98

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure under 37 C.F.R. § 1.56, Applicants hereby notify the U.S. Patent and Trademark Office of the documents which are listed on the attached PTO/SB/08 A & B (modified) form and/or listed herein and which the Examiner may deem material to patentability of the claims of the above-identified application.

One copy of each of the listed documents is submitted herewith, except for the following: U.S. patents and/or U.S. patent publications; and co-pending non-provisional U.S. applications filed after June 30, 2003.

"Best Available L								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO									φρ			.50.	
Effective November 10, 1998									D9	14	220	347	
CLAIMS AS FILED - PART I									ENTITY	l	OTHER	THAN	
(Column 1) (Column 2)								TYPE		OR	SMALL		
FOR			NUMBE	ER FILED	NUMBER	EXTRA		RATE	FEE]	RATE	FEE	
BASIC FEE			<u> </u>						380.00	OR	·	760.00	
TOTAL CLAIMS			_/0	minus	20= *			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS				minus	3= -			X39=		OR	X78=		
MU	LTIPLE DEPEN	IDENT C	LAIM PI	RESENT				+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>	TOTAL	1	OR	TOTAL	760	
CLAIMS AS AMENDED - PART II										_	OTHER	Ţ	
(Column 1) (Column 2) (Column 3						(Column 3)		SMALL	ENTITY	OR	SMALL		
ENT A		REMA AF	UMS UNING FER OMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	• /	0	Minus	** 20	. —		X\$ 9=		OR	X\$18=)	
	Independent	•	2-	Minus	*** B	=		X39=		OR	X78=		
	FIRST PRESE	NTATIO	N OF M	ULTIPLE DE	PENDENT CLAIM	<u> </u>	╵┟	.400		1	. 000	V	
							L	+130=		OR	+260=	V	
							AD	TÖTAL DIT. FEE		OR	TOTAL ADDIT. FEE	160,00	
١.	14/25		mn 1) MS		(Column 2)	(Column 3)							
AMENDMENT B	•	REMA AF	INING TER DMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 18	}	Minus	<u>* 20</u>	= .		X\$ 9=	\	OR	X\$18=	1	
	Independent	* 3	> >	Minus	*** 3	=		X39=		OR	X78=		
	PINST PRESE	MIAHO	N OF MI	ULTIPLE DE	PENDENT CLAIN	п		+130=		OR	+260=		
							-	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								OII. FEE			ADDII. FEE		
AMENDMENT C		CLA REMA	IMS INING ER	,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**	=		X\$ 9=		OR	X\$18=	166	
WE	Independent	*	_	Minus	***	=	- }-						
۷	FIRST PRESE	NTATIO	OF MU	JLTIPLE DEF	ENDENT CLAIM	1		X39=		OR	X78=		
• 14	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+260=		
** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT FEE													
ADDIT. FEE												j	